### **APPLICATION DATA SHEET**

### **Application Information**

Application Number::

Unassigned

Filing Date::

October 29, 2003

**Application Type::** 

Regular

Subject Matter::

Utility

**Suggested Classification::** 

n/a

**Suggested Group Art Unit::** 

n/a

CD-ROM or CD-R?::

no

Number of CD Disks::

n/a

**Number of Copies of CDs::** 

n/a

Sequence Submission?::

no

**Computer Readable Form** 

no

(CFR)?::

**Number of Copies of CFR::** 

n/a

Title::

METHOD OF AND APPARATUS FOR MAKING

AND MANIPULATING COUPONS IN CIGARETTE

PACKING MACHINES

**Attorney Docket Number::** 

41653-197865

Request for Early Publication?::

no

Request for Non-Publication?::

no

**Suggested Drawing Figure::** 

n/a

Total Drawing Sheets::

3

Small Entity?::

no

Latin Name::

n/a

**Variety Denomination Name::** 

n/a

Petition Included?::

no

Petition Type::

n/a

Licensed US Govt. Agency::

n/a

**Contract or Grant Numbers::** 

n/a

**Secrecy Order in Parent Appl.::** 

n/a n/a

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship:: German

Country:: GERMANY

Status:: Full Capacity

Given Name:: Reinhard

Middle Name::

Family Name:: DEUTSCH

Name Suffix::

City of Residence:: Geesthacht

**State or Province of Residence::** 

Country of Residence:: GERMANY

**Street of Mailing Address::** Tilsiter Strasse 10

City of Mailing Address:: Geesthacht

State or Province of Mailing

Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing

Address::

Middle Name::

ing D-21502

Applicant Authority Type:: Inventor

Primary Citizenship:: German

Country:: GERMANY

Status:: Full Capacity

Given Name:: Josef

Family Name:: GLOESMANN

Name Suffix::

City of Residence:: Hamburg

State or Province of Residence::

Country of Residence:: GERMANY

Street of Mailing Address:: Hackmackbogen 78

**City of Mailing Address::** 

Hamburg

State or Province of Mailing

Address::

**Country of Mailing Address::** 

**GERMANY** 

Postal or Zip Code of Mailing

D-21035

Address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship::** 

German

Country::

**GERMANY** 

Status::

Full Capacity

Given Name::

Karsten

Middle Name::

Family Name::

MEINKE

Name Suffix::

City of Residence::

Moelln

State or Province of Residence::

Country of Residence::

**GERMANY** 

Street of Mailing Address::

Rudolf Virchow Strasse 47

City of Mailing Address::

Moelln

State or Province of Mailing

Address::

Country of Mailing Address::

**GERMANY** 

Postal or Zip Code of Mailing

D-23879

Address::

Applicant Authority Type::

Inventor

**Primary Citizenship::** 

German

Country::

**GERMANY** 

Status::

Full Capacity

Given Name::

Ronald

Middle Name::

Family Name::

PUTZKE

Nam Suffix::

Schwarzenbek City of Residence::

**State or Province of Residence::** 

**Country of Residence::** GERMANY .

Street of Mailing Address:: Lehmkoppel 5

Schwarzenbek City of Mailing Address::

State or Province of Mailing

Address::

**Country of Mailing Address:: GERMANY** 

Postal or Zip Code of Mailing

Address::

D-21493

**Applicant Authority Type::** Inventor

**Primary Citizenship::** German

Country:: **GERMANY** 

**Full Capacity** Status::

Given Name:: Peter

Middle Name::

Family Name:: **ALBRECHT** 

Name Suffix::

City of Residence:: Hamburg

State or Province of Residence::

**GERMANY Country of Residence::** 

Street of Mailing Address:: Soltaustrasse 9

City of Mailing Address:: Hamburg

State or Province of Mailing

Address::

**GERMANY** Country of Mailing Address::

Postal or Zip Code of Mailing

D-21029

Address::

# **Correspondence Information**

**Correspondence Customer** 

26694

Number::

(202) 344-8257

Phone Number:: Fax Number::

(202) 344-8300

E-Mail Address::

ccanderson@venable.com,

**Representative Information** 

**Representative Customer** 

26694

Number::

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is	Continuation of	09/986,962	November 13, 2001
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	Continuation of		
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	Continuation of		

# **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	100 56 407.0	November 14, 2000	yes

# **Assignee Information**

**Assignee Name::** 

Topack Verpackungstechnik GmbH

**Street of Mailing Address::** 

Grabauer Strasse 49

**City of Mailing Address::** 

Schwarzenbek

**State or Province of Mailing** 

Address::

**Country of Mailing Address::** 

**GERMANY** 

Postal or Zip Code of Mailing

D-21493

Address::